Mail to: IECDB

510 East 12th, Suite 1A Des Moines, Iowa 50319 Or Fax: (515)281-4073



FORM
PFD
For office use only

Iowa Ethics and Campaign Disclosure Board

Required by Iowa Code section 68B.35, 68B.3(2), and rules in : 31 - Chapter 7.

Personal	l Financial Disclosure Stateme:
	ase type of print legibly
Agency or department: TOWA Position held: Chair of Comp	TELECOMMUNICATION: 4 TECHNOLOGY ISSION 9 THE ICN MISSION
	ent candidates only):
This statement is for Calendar Year 2 This statement is required to co	2007. Check if this is an amended statement.
* * * * * * * * *	Parts A, B, and C below. Attach additional rules if necessary.
name and nature of each business or en agency and for the position held above	or Profession. By position or job title, 1-4 each business, a were engaged during the previous caler ar year, including the amployer. If you were not employed by a syone other than the check here.
1. EXECUTIVE V.P. of	DAVERPORT ONE - a Combined chamber e & leonomic developi ent organization
Yart B. Income sources of more you received more than \$1000 in gross or value of the holding is not requireceived jointly with one or more person pouse or other family members.	than \$1,000. In the categories below st each source from which as annual income during the previous continuous annual income during the previous continuous continuou
. Securities. List any company in wh	
	men you owned securities

income such as certificates of deposit or savings accounts.
1.
3
3. Trusts. State the nature or type of the trusts.
1.
2. 3.
4. Real Estate. List the nature of real estate interests including an interest from which income was derived from the selling of property. Do not list the location, address, or legal description
1.
4.
5. Retirement Systems. List the name of the employer/sponsor of any retirement benefit system.
1.
2. 3.
6. Sales to political subdivisions. List any sales of a good or service to a pelitical subdivision of the state if a commission from the sale was received. 1
3.
7. Other. List other sources of annual gross income not reported above that were reported for tax purposes.
1.
2. 3.
Part C. Certified Signature.
I certify that this statement is true and accurate to the best of my knowledge. I understand that I am subject to potential civil and criminal penalties for failing to file an accurate statement or for failing to file this statement by the required due date.
Methandique 2/1/63
(Signature of person filing statement) (Date)